

# United States Bankruptcy Court

## Northern District of Ohio

# Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <b>Ruffing Care, Inc.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA Ruffing Family Care Center of Tiffin</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>34-1875619</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>2320 West County Road 6</b> <b>Tiffin, OH</b> <div style="text-align: right; margin-top: 10px;">           ZIP Code  <b>44883</b> </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 10px;">           ZIP Code         </div>
County of Residence or of the Principal Place of Business: <b>Seneca</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 10px;">           ZIP Code         </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 10px;">           ZIP Code         </div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY										
<b>Estimated Number of Creditors</b> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000	
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<b>Estimated Assets</b> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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<b>Estimated Liabilities</b> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s):  
**Ruffing Care, Inc.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and Exhibit C is attached and made a part of this petition.  
☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
 (Name of landlord that obtained judgment)

\_\_\_\_\_  
 (Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s):  
**Ruffing Care, Inc.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Scott H. Scharf, Esq.  
Signature of Attorney for Debtor(s)

**Scott H. Scharf, Esq. 0046693**  
Printed Name of Attorney for Debtor(s)

**Scott H. Scharf Co., LPA**  
Firm Name

**2000 Auburn Drive, Suite 420**  
**Beachwood, OH 44122**

\_\_\_\_\_  
Address

**Email: scharf@scharflegal.com**  
**(216) 514-2225 Fax: (216) 514-3142**

\_\_\_\_\_  
Telephone Number

**September 10, 2015**

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Diana L. Ruffing  
Signature of Authorized Individual

**Diana L. Ruffing**  
Printed Name of Authorized Individual

**President**  
Title of Authorized Individual

**September 10, 2015**

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Ruffing Care, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>AETNA</b> <b>P.O. Box 981107</b> <b>El Paso, TX 79998</b>	<b>AETNA</b> <b>P.O. Box 981107</b> <b>El Paso, TX 79998</b> <b>1 (800) 872-3862</b>	<b>Insurance Overpayment</b>		<b>7,427.00</b>
<b>American Electric Power</b> <b>PO Box 24404</b> <b>Canton, OH 44701</b>	<b>American Electric Power</b> <b>PO Box 24404</b> <b>Canton, OH 44701</b> <b>800-672-2231</b>	<b>Utility Service</b>		<b>6,397.00</b>
<b>Amerigas</b> <b>P.O. Box 371473</b> <b>Pittsburgh, PA 15250</b>	<b>Amerigas</b> <b>P.O. Box 371473</b> <b>Pittsburgh, PA 15250</b> <b>800-345-5049</b>	<b>Trade Debt</b>		<b>4,647.00</b>
<b>Bank Direct Capital Finance</b> <b>Two Conway Park</b> <b>Suite 190</b> <b>150 North Field Drive</b> <b>Lake Forest, IL 60045</b>	<b>Bank Direct Capital Finance</b> <b>Two Conway Park</b> <b>Suite 190</b> <b>Lake Forest, IL 60045</b> <b>877-226-5456</b>	<b>Insurance</b>		<b>6,003.00</b>
<b>Capital One</b> <b>P.O. Box 10015</b> <b>Williamsville, NY 14221</b>	<b>Capital One</b> <b>P.O. Box 10015</b> <b>Williamsville, NY 14221</b> <b>800-867-0904</b>	<b>Goods purchased on open account</b>		<b>8,881.00</b>
<b>Fabrehab Services</b> <b>676 Miami Street</b> <b>Suite A</b> <b>Tiffin, OH 44883</b>	<b>Nick Fabrezio</b> <b>Fabrehab Services</b> <b>676 Miami Street</b> <b>Suite A</b> <b>Tiffin, OH 44883</b> <b>419-448-5533</b>	<b>Therapy Services</b>		<b>12,016.00</b>
<b>Hempy Water of Tiffin LLC</b> <b>227 S. Washington St.</b> <b>Tiffin, OH 44883</b>	<b>Hempy Water of Tiffin LLC</b> <b>227 S. Washington St.</b> <b>Tiffin, OH 44883</b> <b>419-448-8885</b>	<b>Equipment Lease</b>		<b>10,621.00</b>
<b>K. Swalley Estate</b> <b>1395 SR 103</b> <b>Sycamore, OH 44882</b>	<b>K. Swalley Estate</b> <b>1395 SR 103</b> <b>Sycamore, OH 44882</b> <b>419-927-4953</b>	<b>Patient Refund</b>		<b>4,553.00</b>

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
KCI P.O. Box 203086 Houston, TX 77216	KCI P.O. Box 203086 Houston, TX 77216 800-275-4524	Medical Supplies		4,690.00
Lifestar Ambulance 732 Main Street Toledo, OH 43608	Lifestar 1402 Lagrange Street Toledo, OH 43608 419-245-6210	Ambulance Transport Agreement		29,849.00
McKesson P.O. Box 630693 Cincinnati, OH 45263	McKesson P.O. Box 630693 Cincinnati, OH 45263 800-220-4493	Supplies		20,661.00
Mercy Hospital of Tiffin 485 W. Market Street Tiffin, OH 44883	Mercy Tiffin Hospital 45 St. Lawrence Drive Tiffin, OH 44883 419-455-7056	Outpatient Ancillary Services Agreement		16,724.00
Mercy Labs P.O. Box 636535 Cincinnati, OH 45263	Mercy Labs P.O. Box 636535 Cincinnati, OH 45263 866-794-2370	Lab Services		9,946.00
Old Fort Banking Company 33 East Market Street Tiffin, OH 44883	Old Fort Banking Company 33 East Market Street Tiffin, OH 44883 419-447-1600	Bank Debt		1,171,000.00 (0.00 secured)
Plante & Moran 16060 Collections Ctr. Drive Chicago, IL 60693	Jeff Heaphy Plante & Moran 16060 Collections Ctr. Drive Chicago, IL 60693 614-791-9200	Accounting Services		13,365.00
Rolf Goffman 30100 Chagrin Blvd. Cleveland, OH 44124	Rolf Goffman 30100 Chagrin Blvd. Cleveland, OH 44124 216-515-1100	Attorney Fees		14,501.00
SCAT 3140 S. SR 100 Tiffin, OH 44883	SCAT 3140 S. SR 100 Tiffin, OH 44883 419-448-7344	Transportation Services		5,451.00
State of Ohio Department of Medicaid 50 West Town Street Columbus, OH 43215	State of Ohio Department of Medicaid 50 West Town Street Columbus, OH 43215 800-324-8680	Medicaid Overpayment		5,109.00
United Insurance P.O. Box 708 Tiffin, OH 44883	United Insurance P.O. Box 708 Tiffin, OH 44883 419-447-4242	Insurance		31,805.00

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Westhven Services Co., LLC dba Omnicare of Northwest Ohio 7643 Ponderosa Road Perrysburg, OH 43551</b>	<b>Mandy Smith Omnicare 201 E. 4th Street Cincinnati, OH 45202 (419) 661-2200</b>	<b>Pharmacy Services Agreement and Lawsuit</b>		<b>99,270.00</b>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **September 10, 2015**Signature **/s/ Diana L. Ruffing****Diana L. Ruffing****President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Ruffing Care, Inc.**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>111,500.00</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>1,171,000.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>4</b>		<b>6,006.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>23</b>		<b>383,527.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>2</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>35</b>			
Total Assets			<b>111,500.00</b>		
Total Liabilities				<b>1,560,533.00</b>	

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Ruffing Care, Inc.**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		



In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

0 continuation sheets attached to the Schedule of Real Property

Sub-Total >0.00(Total of this page)

Total >0.00

(Report also on Summary of Schedules)

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking Account - Operating Account - Commercial Savings Bank</b>	-	<b>15,000.00</b>
		<b>Checking Account - Payroll Account - Commercial Savings Bank</b>	-	<b>0.00</b>
		<b>Checking Account - Tax Account - Commercial Savings Bank</b>	-	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **15,000.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Accounts Receivable</b>	-	<b>62,000.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **62,000.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

In re **Ruffing Care, Inc.**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.		<b>Certificate of Need - 37 beds</b>	-	<b>Unknown</b>
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2004 Ford Van/Bus</b>	-	<b>8,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office Equipment</b>	-	<b>3,500.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>Machinery, Fixtures, Equipment and Supplies</b>	-	<b>20,000.00</b>
30. Inventory.		<b>Inventory</b>	-	<b>3,000.00</b>
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **34,500.00**  
(Total of this page)

Total > **111,500.00**

(Report also on Summary of Schedules)

Sheet **2** of **2** continuation sheets attached  
to the Schedule of Personal Property

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>2005</b>					
<b>Old Fort Banking Company</b> <b>33 East Market Street</b> <b>Tiffin, OH 44883</b>	<b>X</b>	<b>-</b>	<b>Note and Security Interest</b>  <b>All Assets</b>					
			Value \$ <b>0.00</b>				<b>1,171,000.00</b>	<b>1,171,000.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>1,171,000.00</b>	<b>1,171,000.00</b>
Total (Report on Summary of Schedules)							<b>1,171,000.00</b>	<b>1,171,000.00</b>

0 continuation sheets attached

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Ruffing Care, Inc.**  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.  <b>Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215</b>	-		<b>Ohio Bureau of Workers Compensation</b>					Unknown
							Unknown	Unknown
Account No.  <b>Ohio Bureau of Workers Comp. Attn: Law Section Bankruptcy Unit P.O. Box 15567 Columbus, OH 43215</b>			<b>Representing: Bureau of Workers' Compensation</b>				Notice Only	
Account No.  <b>City of Columbus Income Tax Division 77 North Front Street 2nd Floor Columbus, OH 43215</b>	-		<b>2014-2015 Withholding Taxes</b>					0.00
							897.00	897.00
Account No.  <b>Internal Revenue Service Insolvency Group #6 1240 East 9th Street Room 493 Cleveland, OH 44199</b>	-		<b>Withholding Taxes</b>					Unknown
							Unknown	Unknown
Account No.  <b>Attorney General of the U.S. US Department of Justice Tax Div. Civil Trial Section, N. Region P.O. Box 55, Ben Franklin Station Washington, DC 20044</b>			<b>Representing: Internal Revenue Service</b>				Notice Only	
Subtotal								0.00
(Total of this page)							897.00	897.00

Sheet 1 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Ruffing Care, Inc.**  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.  <b>Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101</b>			<b>Representing: Internal Revenue Service</b>				<b>Notice Only</b>	
Account No.  <b>Office of the United States Atty. Attn. Bankruptcy Section Carl B. Stokes US Courthouse 801 West Superior Ave., Ste. 400 Cleveland, OH 44113</b>			<b>Representing: Internal Revenue Service</b>				<b>Notice Only</b>	
Account No.  <b>Ohio Department of Job &amp; Family Svc 145 South Front Street P.O. Box 923 Columbus, OH 43216</b>			<b>Listed as precaution</b>					<b>Unknown</b>
Account No.  <b>Ohio Dept. of Job &amp; Family Services Office of Legal Services 30 East Broad Street 31st Floor Columbus, OH 43215</b>			<b>Representing: Ohio Department of Job &amp; Family Svc</b>				<b>Notice Only</b>	
Account No.  <b>State of Ohio Department of Medicaid 50 West Town Street Columbus, OH 43215</b>			<b>Medicaid Overpayment</b>					<b>Unknown</b>
							<b>5,109.00</b>	<b>Unknown</b>
Subtotal								<b>0.00</b>
(Total of this page)							<b>5,109.00</b>	<b>0.00</b>

Sheet 2 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



In re **Ruffing Care, Inc.**  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Withholding Taxes</b>					
<b>State of Ohio Department of Taxation P.O. Box 530 Columbus, OH 43266</b>		-						<b>Unknown</b>
							<b>Unknown</b>	<b>Unknown</b>
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							<b>0.00</b>	<b>0.00</b>
Total (Report on Summary of Schedules)							<b>6,006.00</b>	<b>897.00</b>

Sheet **3** of **3** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R  H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>2002</b>  <b>Accu-Medical Waste Services, Inc.</b> <b>P.O. Box 797</b> <b>Marietta, OH 45750</b>	-	<b>Infectious Waste Services Agreement</b>				<b>445.00</b>
Account No.  <b>Advacare</b> <b>2939 N. Pulaski Road</b> <b>Chicago, IL 60641</b>	-	<b>Medical Equipment</b>				<b>587.00</b>
Account No. <b>280984</b>  <b>Advertiser-Tribune</b> <b>320 N. Hopewell TR 91</b> <b>Tiffin, OH 44883</b>	-	<b>Advertising</b>				<b>195.00</b>
Account No.  <b>AETNA</b> <b>P.O. Box 981107</b> <b>El Paso, TX 79998</b>	-	<b>Insurance Overpayment</b>				<b>7,427.00</b>
Subtotal (Total of this page)						<b>8,654.00</b>

22 continuation sheets attached

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Water Testing</b>				
<b>Alloway □□</b> <b>1776 Marion-Waldo Road</b> <b>Marion, OH 44301</b>	-					<b>70.00</b>
Account No.		<b>Dues</b>				
<b>Alzheimer's Assoc.</b> <b>2131 Park Avenue West</b> <b>Mansfield, OH 44906</b>	-					<b>20.00</b>
Account No. <b>71-058-683-3-0</b>		<b>Utility Services</b>				
<b>American Electric Power</b> <b>PO Box 24404</b> <b>Canton, OH 44701</b>	-					<b>6,397.00</b>
Account No. <b>201258905</b>		<b>Gas</b>				
<b>Amerigas</b> <b>P.O. Box 371473</b> <b>Pittsburgh, PA 15250</b>	-					<b>4,647.00</b>
Account No.		<b>Medical Director Agreement</b>				
<b>Andrew Gase MD</b> <b>27 St Lawrence Dr # 101</b> <b>Tiffin, OH 44883</b>	-					<b>800.00</b>
Sheet no. <u>1</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>11,934.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Social Services Agreement</b>				
<b>Ann Huth-Fretz</b> <b>2435 S. State Rte. 231</b> <b>Tiffin, OH 44883</b>	-					<b>100.00</b>
Account No.		<b>Insurance Overpay</b>				
<b>Anthem</b> <b>P.O. Box 182361</b> <b>Columbus, OH 43218</b>	-					<b>2,475.00</b>
Account No.		<b>Dues</b>				
<b>AOPHA</b> <b>2233 North Bank Drive</b> <b>Columbus, OH 43220</b>	-					<b>525.00</b>
Account No.		<b>Advertising</b>				
<b>Attica Fair</b> <b>100 Fairgrounds Road</b> <b>Attica, OH 44807</b>	-					<b>500.00</b>
Account No. <b>RF99999999</b>		<b>Medical Supplies</b>				
<b>B&amp;K Home Medical</b> <b>27 Lawrence Street</b> <b>Tiffin, OH 44883</b>	-					<b>2,733.00</b>
Sheet no. <b>2</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>6,333.00</b>

In re **Ruffing Care, Inc.**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>484702</b>		-	<b>Insurance</b>			<b>6,003.00</b>
<b>Bank Direct Capital Finance</b> <b>Two Conway Park</b> <b>Suite 190</b> <b>150 North Field Drive</b> <b>Lake Forest, IL 60045</b>						
Account No.		-	<b>Advertising</b>			<b>360.00</b>
<b>BAS Broadcasting</b> <b>1281 North River Road</b> <b>Fremont, OH 43420</b>						
Account No. <b>248</b>		-	<b>Sewer Service</b>			<b>1,107.00</b>
<b>Brad Borer, LLC</b> <b>1238 E. SR 18</b> <b>Tiffin, OH 44883</b>						
Account No.		-	<b>Maintenance Supplies</b>			<b>747.00</b>
<b>Brohl &amp; Appell</b> <b>140 Lane Street</b> <b>Sandusky, OH 44870</b>						
Account No.		-	<b>Ambulance Service</b>			<b>192.00</b>
<b>Brookside Ambulance</b> <b>640 Phillips Avenue</b> <b>Toledo, OH 43612</b>						
Sheet no. <u>3</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>8,409.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>121270</b>		<b>Dishwasher Service Agreement</b>				<b>740.00</b>
<b>Brown Supply</b> <b>P.O. Box 1233</b> <b>Lima, OH 45802</b>	-					
Account No.		<b>Pest Extermination Services</b>				<b>117.00</b>
<b>Buckeye Exterminating</b> <b>24018 St. Rt. 224</b> <b>Findlay, OH 45839</b>	-					
Account No.		<b>IT Services</b>				<b>161.00</b>
<b>Buckeye IT Services</b> <b>640 E. Spayth Street</b> <b>Tiffin, OH 44883</b>	-					
Account No.		<b>Electric Repair</b>				<b>150.00</b>
<b>Butzier Electric</b> □ □ <b>1825 CR 31</b> <b>Fremont, OH 43420</b>	-					
Account No.		<b>Medical Services</b>				<b>70.00</b>
<b>C. Sears, MD</b> <b>81 Ashwood Road</b> <b>Tiffin, OH 44883</b>	-					
Sheet no. <b>4</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,238.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Advertising</b>				
<b>CAP Publishing</b> <b>123 East First Street</b> <b>Jordan, MN 55352</b>	-					<b>312.00</b>
Account No.		<b>Goods purchased on open account</b>				
<b>Capital One</b> <b>P.O. Box 10015</b> <b>Williamsville, NY 14221</b>	-					<b>8,881.00</b>
Account No.		<b>Medicare Non-Covered Service</b>				
<b>Cascades Urology</b> <b>1651 N. Lake Road</b> <b>Findlay, OH 44840</b>	-					<b>874.00</b>
Account No. <b>3600683745</b>		<b>Lab Fees</b>				
<b>CLIA Laboratory</b> <b>P.O. Box 530882</b> <b>Atlanta, GA 30353</b>	-					<b>150.00</b>
Account No.		<b>Services</b>				
<b>CPRS</b> <b>3500 5th Street</b> <b>Northport, AL 35476</b>	-					<b>3,253.00</b>
Sheet no. <b>5</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>13,470.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Crest Healthcare</b> <b>195 S. Third Street</b> <b>P.O. Box 727</b> <b>Dassel, MN 55325</b>	-	<b>Medical Supplies</b>				<b>83.00</b>
Account No.  <b>Critical Care Transport</b> <b>2936 E. 14th Avenue</b> <b>Columbus, OH 43219</b>	-	<b>Ambulance Service</b>				<b>431.00</b>
Account No.  <b>Diane Wagner Estate</b> <b>c/o Gerald Wagner</b> <b>960 E. TR 1172</b> <b>Tiffin, OH 44883</b>	-	<b>Patient Refund</b>				<b>3,511.00</b>
Account No.  <b>D. Wagner Estate</b> <b>670 E. State Rte. 18</b> <b>Tiffin, OH 44883</b>		<b>Representing:</b> <b>Diane Wagner Estate</b>				<b>Notice Only</b>
Account No.  <b>Direct Promotions</b> <b>29395 Agoura Road</b> <b>Suite 207</b> <b>Agoura Hills, CA 91301</b>	-	<b>Advertising</b>				<b>145.00</b>
Sheet no. <u>6</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>4,170.00</b>



In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical Supplies</b>				
<b>Direct Supply</b> <b>P.O. Box 88201</b> <b>Milwaukee, WI 53288</b>	-					<b>1,608.00</b>
Account No. <b>045509247</b>		<b>Satellite TV</b>				
<b>Direct TV</b> <b>P.O. Box 60036</b> <b>Los Angeles, CA 90060</b>	-					<b>217.00</b>
Account No.		<b>Physician Services</b>				
<b>Dr. Fayz</b> <b>5245 Schaefer Road</b> <b>Dearborn, MI 48126</b>	-					<b>2.00</b>
Account No.		<b>Physician Services</b>				
<b>Dr. Felton</b> <b>27 St. Lawrence Drive</b> <b>Suite 105</b> <b>Tiffin, OH 44883</b>	-					<b>18.00</b>
Account No.		<b>Services</b>				
<b>Droll Refrigeration</b> <b>444 W. Tiffin Street</b> <b>Fostoria, OH 44830</b>	-					<b>732.00</b>
Sheet no. <u>7</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,577.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical Supplies</b>				
<b>Dynasplint</b> <b>801 E. Washington Street</b> <b>Suite 210</b> <b>Medina, OH 44256</b>	-					<b>217.00</b>
Account No.		<b>Billing Services Agreement</b>				
<b>ECS Billing &amp; Consulting</b> <b>P.O. Box 402</b> <b>Tiffin, OH 44883</b>	-					<b>1,221.00</b>
Account No.		<b>Services</b>				
<b>Elchert's</b> <b>120 Main Street</b> <b>Tiffin, OH 44883</b>	-					<b>227.00</b>
Account No.		<b>Therapy Services</b>				
<b>Fabrehab Services</b> <b>676 Miami Street</b> <b>Suite A</b> <b>Tiffin, OH 44883</b>	-					<b>12,016.00</b>
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Firelands RMC</b> <b>P.O. Box 712374</b> <b>Cincinnati, OH 45271</b>	-					<b>4,462.00</b>
Sheet no. <u>8</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>18,143.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Fort Ball Emergency Physicians</b> <b>45 St. Lawrence Drive</b> <b>Tiffin, OH 44883</b>	-					<b>143.00</b>
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Fostoria Comm Hosp.</b> <b>501 Van Buren Street</b> <b>Fostoria, OH 44830</b>	-					<b>112.00</b>
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Fremont Health/Wellness Ctr.</b> <b>1466 Oak Harbor Road</b> <b>Fremont, OH 43420</b>	-					<b>3,421.00</b>
Account No.		<b>Accounting Services</b>				
<b>Fruth &amp; Company</b> <b>479 W. Perry Street</b> <b>Tiffin, OH 44883</b>	-					<b>1,898.00</b>
Account No.		<b>Maintenance Services</b>				
<b>Gase Enterprises</b> <b>146 N. Washington Street</b> <b>Tiffin, OH 44883</b>	-					<b>45.00</b>
Sheet no. <b>9</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>5,619.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Maintenance Services</b>				
<b>Generator Systems</b> <b>1460 Industrial Parkway</b> <b>Akron, OH 44310</b>	-					<b>222.00</b>
Account No.		<b>Linen</b>				
<b>Harbor Linen</b> <input type="checkbox"/> <b>P.O. Box 3510</b> <b>Cherry Hill, NJ 08034</b>	-					<b>321.00</b>
Account No.		<b>Advertising</b>				
<b>Hartman Publishing</b> <b>8529 Indian School Road NE</b> <b>Albuquerque, NM 87112</b>	-					<b>205.00</b>
Account No.		<b>Dietitian Agreement</b>				
<b>Hatfield Nutrition Consulting</b> <b>2325 Benton Carroll Road</b> <b>Oak Harbor, OH 43449</b>	-					<b>928.00</b>
Account No.		<b>Equipment Lease</b>				
<b>Hempy Water of Tiffin LLC</b> <b>227 S. Washington St.</b> <b>Tiffin, OH 44883</b>	-					<b>10,621.00</b>
Sheet no. <u>10</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>12,297.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Septic Services</b>				
<b>Hoover Septic</b> <b>1520 N TR 111</b> <b>Tiffin, OH 44883</b>	-					<b>170.00</b>
Account No.		<b>Insurance Premium</b>				
<b>Humana</b> <b>P.O. Box 931655</b> <b>Atlanta, GA 31193</b>	-				<b>X</b>	<b>3,260.00</b>
Account No. <b>475</b>		<b>Medical Supplies</b>				
<b>ICP</b> <b>1815 W. CR 54</b> <b>Tiffin, OH 44883</b>	-					<b>10.00</b>
Account No.		<b>Maintenance Supplies</b>				
<b>Jet, Inc.</b> <b>750 Alpha Drive</b> <b>Cleveland, OH 44143</b>	-					<b>240.00</b>
Account No.		<b>Patient Refund</b>				
<b>K. Swalley Estate</b> <b>1395 SR 103</b> <b>Sycamore, OH 44882</b>	-					<b>4,553.00</b>
Sheet no. <b>11</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>8,233.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>100556</b>		<b>Garbage Services</b>				
<b>Karl's Hauling</b> <b>1590 S. State Rt. 53</b> <b>Tiffin, OH 44883</b>	-					<b>173.00</b>
Account No.		<b>Medical Supplies</b>				
<b>KCI</b> <b>P.O. Box 203086</b> <b>Houston, TX 77216</b>	-					<b>4,690.00</b>
Account No.		<b>Nurse Consulting Services</b>				
<b>L. Emerson</b> <b>LTC Consultant</b> <b>3356 TR 71</b> <b>Somerset, OH 43783</b>	-					<b>490.00</b>
Account No.		<b>Ambulance Transport Agreement</b>				
<b>Lifestar Ambulance</b> <b>732 Main Street</b> <b>Toledo, OH 43608</b>	-					<b>29,849.00</b>
Account No.		<b>Advertising</b>				
<b>Liturgical Publications</b> <b>4560 East 71st Street</b> <b>Cleveland, OH 44105</b>	-					<b>1,456.00</b>
Sheet no. <b>12</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>36,658.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1596</b>		<b>Dues</b>				<b>1,300.00</b>
<b>LTC Consumer Guide</b> <b>50 West Broad Street</b> <b>9th Floor</b> <b>Columbus, OH 43215</b>	-					
Account No.		<b>Dues</b>				<b>716.00</b>
<b>LTC Ombudsman Program</b> <b>50 West Broad Street</b> <b>9th Floor</b> <b>Columbus, OH 43215</b>	-					
Account No.		<b>Supplies</b>				<b>20,661.00</b>
<b>McKesson</b> <b>P.O. Box 630693</b> <b>Cincinnati, OH 45263</b>	-					
Account No. <b>101021</b>		<b>Copier Maintenance Services</b>				<b>2,820.00</b>
<b>MCPC</b> <b>3911 Venice Road</b> <b>Sandusky, OH 44870</b>	-					
Account No.		<b>Medical Supplies</b>				<b>1.00</b>
<b>Med Corp.</b> <b>P.O. Box 76612</b> <b>Cleveland, OH 44101</b>	-					
Sheet no. <u>13</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>25,498.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical Forms</b>				
<b>Med-Pass</b> <b>P.O. Box 1166</b> <b>Dayton, OH 45401</b>	-					<b>165.00</b>
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Mercy Health Phys.</b> <b>P.O. Box 636388</b> <b>Cincinnati, OH 45263</b>	-					<b>170.00</b>
Account No.		<b>Outpatient Ancillary Services Agreement</b>				
<b>Mercy Hospital of Tiffin</b> <b>485 W. Market Street</b> <b>Tiffin, OH 44883</b>	-					<b>16,724.00</b>
Account No.		<b>Lab Services</b>				
<b>Mercy Labs</b> <b>P.O. Box 636535</b> <b>Cincinnati, OH 45263</b>	-					<b>9,946.00</b>
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Mercy Med Partners</b> <b>P.O. Box 630827</b> <b>Cincinnati, OH 45263</b>	-					<b>109.00</b>
Sheet no. <b>14</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>27,114.00</b>



In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Non-Covered Medicare Services</b>				
<b>Mercy St. V's</b> <b>P.O. Box 740819</b> <b>Cincinnati, OH 45274</b>	-					<b>47.00</b>
Account No.		<b>Medical Services</b>				
<b>Mercy Willard Hospital</b> □ □ <b>1100 Neal Zick Road</b> <b>Tiffin, OH 44883</b>	-					<b>356.00</b>
Account No.		<b>Mobile X-Ray</b>				
<b>Mobilex</b> <b>6185 Huntley Road</b> <b>Suite Q</b> <b>Columbus, OH 43229</b>	-					<b>1,611.00</b>
Account No.		<b>Collection agent</b>				
<b>MPE Billing</b> <b>P.O. Box 630827</b> <b>Cincinnati, OH 45263</b>	-					<b>125.00</b>
Account No.		<b>Medical Services</b>				
<b>NWO Orthopedics</b> □ □ <b>7595 CR 236</b> <b>Findlay, OH 45840</b>	-					<b>887.00</b>
Sheet no. <u>15</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>3,026.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical Services</b>				
<b>OCC Med N.W.O</b> <b>3101 US 224</b> <b>Tiffin, OH 44883</b>	-					<b>90.00</b>
Account No.		<b>Medical Supplies</b>				
<b>OE Meyer</b> <b>P.O. Box 479</b> <b>Sandusky, OH 44870</b>	-					<b>1,035.00</b>
Account No.		<b>Dues</b>				
<b>Office of State, LTC Unit</b> <b>50 W. Broad Street</b> <b>9th Floor</b> <b>Columbus, OH 43215</b>	-					<b>73.00</b>
Account No.		<b>Medical Services</b>				
<b>Ohio Orthopedics</b> <b>1501 Bright Road</b> <b>Findlay, OH 45840</b>	-					<b>315.00</b>
Account No.		<b>Services</b>				
<b>Omni Management</b> <b>P.O. Box 8749</b> <b>Toledo, OH 43623</b>	-					<b>152.00</b>
Sheet no. <u>16</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,665.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4303974</b>		<b>Utility/Phone</b>				
<b>Paetec</b> <b>P.O. Box 9001111</b> <b>Louisville, KY 40290</b>	-					<b>1,090.00</b>
Account No.		<b>Laboratory Services</b>				
<b>Pathology Laboratories</b> <b>1946 N. 13th Street</b> <b>Suite 301</b> <b>Toledo, OH 43604</b>	-					<b>271.00</b>
Account No.		<b>Medical Supplies</b>				
<b>Patterson Medical</b> <b>28100 torch Parkway</b> <b>Suite 700</b> <b>Warrenville, IL 60555</b>	-					<b>381.00</b>
Account No.		<b>Accounting Software</b>				
<b>PCC Wescom</b> <b>Lockbox #8842</b> <b>P.O. Box 8500</b> <b>Philadelphia, PA 19178</b>	-					<b>1,138.00</b>
Account No.		<b>Compliance Forms</b>				
<b>Personnel Concepts</b> <b>Compliance Service Department</b> <b>P.O. Box 3353</b> <b>San Dimas, CA 91773</b>	-					<b>46.00</b>
Sheet no. <u>17</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,926.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Advertising</b>				
<b>Picture Perfect</b> <b>42 Ashwood Drive</b> <b>Tiffin, OH 44883</b>	-					<b>105.00</b>
Account No.		<b>Maintenance Services</b>				
<b>Pittsburg Tank</b> <b>P.O. Box 1849</b> <b>Henderson, KY 42419</b>	-					<b>1,250.00</b>
Account No.		<b>Accounting Services</b>				
<b>Plante &amp; Moran</b> <b>16060 Collections Ctr. Drive</b> <b>Chicago, IL 60693</b>	-					<b>13,365.00</b>
Account No.		<b>Listed for Information Purposes Only</b> <b>Real Estate Taxes</b>				
<b>Prosecuting attorney</b> <b>Seneca County</b> <b>71 S. Washignton Stret</b> <b>Suite 1204</b> <b>Tiffin, OH 44883</b>	X -					<b>0.00</b>
Account No.		<b>Pharmacy Services Agreement</b>				
<b>Remedi Senior Care</b> <b>1 Olympic Place</b> <b>Suite 600</b> <b>Towson, MD 21204</b>	-					<b>2,842.00</b>
Sheet no. <u>18</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>17,562.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Listed as precaution</b>				<b>Unknown</b>
<b>Republic Banking Company</b> <b>202 Washington Street</b> <b>Republic, OH 44867</b>	-					
Account No.		<b>Attorney Fees</b>				<b>14,501.00</b>
<b>Rolf Goffman</b> <b>30100 Chagrin Blvd.</b> <b>Cleveland, OH 44124</b>	-					
Account No.		<b>Transportation Services</b>				<b>5,451.00</b>
<b>SCAT</b> <b>3140 S. SR 100</b> <b>Tiffin, OH 44883</b>	-					
Account No.		<b>Ambulance Services</b>				<b>2,598.00</b>
<b>Seneca County EMS</b> <b>71 South Washington Street</b> <b>Tiffin, OH 44883</b>	-					
Account No. <b>3388</b>		<b>Medical Supplies</b>				<b>3,433.00</b>
<b>Seneca Medical</b> <b>85 Shaffer Park Drive</b> <b>Tiffin, OH 44883</b>	-					
Sheet no. <b>19</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>25,983.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Services</b>				
<b>Shared Services</b> <b>4605 Duke Drive</b> <b>Mason, OH 45240</b>	-					<b>145.00</b>
Account No.		<b>Managed Care for OBWC</b>				
<b>Sheakley Uniservice</b> <b>1386 Solutions Center</b> <b>Chicago, IL 60677</b>	-					<b>1,700.00</b>
Account No. <b>520467</b>		<b>Non-Covered Medicare Services</b>				
<b>Simplex Grinnell</b> <b>Dept. CH 10320</b> <b>Palatine, IL 60055</b>	-					<b>1,973.00</b>
Account No.		<b>Radiology Services Agreement</b>				
<b>Source Diagnostics LLC</b> <b>5275 Naiman Parkway</b> <b>Suite E</b> <b>Solon, OH 44139</b>	-					<b>307.00</b>
Account No.		<b>Medical Waste Removal</b>				
<b>Stericycle</b> <b>P.O. Box 9001588</b> <b>Louisville, KY 40290</b>	-					<b>1,421.00</b>
Sheet no. <b>20</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>5,546.00</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Maintenance Services</b>				
<b>Swartzmiller Plumbing and Heating</b> <b>12321 E. US 224</b> <b>Attica, OH 44807</b>	-					<b>3,227.00</b>
Account No.		<b>Maintenance Services</b>				
<b>Telewire</b> <b>45 W CR 6</b> <b>Tiffin, OH 44883</b>	-					<b>200.00</b>
Account No.		<b>Septic Services</b>				
<b>Theis Septic</b> <b>2729 E. US Hwy 224</b> <b>Tiffin, OH 44883</b>	-					<b>1,242.00</b>
Account No.		<b>Medical Services</b>				
<b>Toledo Cardiology</b> <b>2409 Cherry Street</b> <b>#100</b> <b>Toledo, OH 43608</b>	-					<b>460.00</b>
Account No.		<b>Insurance</b>				
<b>United Insurance</b> <b>P.O. Box 708</b> <b>Tiffin, OH 44883</b>	-					<b>31,805.00</b>
Sheet no. <b>21</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>36,934.00</b>

In re **Ruffing Care, Inc.**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>UTMC</b> <b>3000 Arlington Avenue</b> <b>Toledo, OH 43614</b>		<b>Medical Services</b>				<b>268.00</b>
Account No.  <b>Westhven Services Co., LLC</b> <b>dba Omnicare of Northwest Ohio</b> <b>7643 Ponderosa Road</b> <b>Perrysburg, OH 43551</b>		<b>Pharmacy Services Agreement and Lawsuit</b>				<b>99,270.00</b>
Account No.  <b>Frost Brown Todd LLC</b> <b>10 West Broad Street</b> <b>Suite 2300</b> <b>Columbus, OH 43215</b>		<b>Representing:</b> <b>Westhven Services Co., LLC</b>				<b>Notice Only</b>
Account No.						
Account No.						
Account No.						
Sheet no. <b>22</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)  <b>99,538.00</b>
						<b>Total</b> (Report on Summary of Schedules)  <b>383,527.00</b>



In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Accu-Medical Waste Services, Inc.</b> <b>P.O. Box 797</b> <b>Marietta, OH 45750</b>	<b>Infectious Waste Services Agreement</b>
<b>Andrew Gase MD</b> <b>27 St Lawrence Dr # 101</b> <b>Tiffin, OH 44883</b>	<b>Medical Director Agreement</b>
<b>Ann Huth-Fretz</b> <b>2435 S. State Rte. 231</b> <b>Tiffin, OH 44883</b>	<b>Social Services Agreement</b>
<b>Brown Supply</b> <b>P.O. Box 1233</b> <b>Lima, OH 45802</b>	<b>Dishwasher Service Agreement</b>
<b>ECS Billing &amp; Consulting</b> <b>P.O. Box 402</b> <b>Tiffin, OH 44883</b>	<b>Billing Services Agreement</b>
<b>Fabrizio Chiropractic</b> <b>676 Miami Street</b> <b>Suite A</b> <b>Tiffin, OH 44883</b>	<b>Patient Therapy Agreement</b>
<b>Hatfield Nutrition Consulting</b> <b>2325 Benton Carroll Road</b> <b>Oak Harbor, OH 43449</b>	<b>Dietitian Agreement</b>
<b>Hempy Water of Tiffin LLC</b> <b>227 S. Washington St.</b> <b>Tiffin, OH 44883</b>	<b>Equipment Lease</b>
<b>Integrity Ambulance Services, LLC</b> <b>100 Intergiry Place</b> <b>Greenville, OH 45331</b>	<b>Ambulette Services Agreement</b>
<b>Lifestar Ambulance</b> <b>732 Main Street</b> <b>Toledo, OH 43608</b>	<b>Ambulance Transport Agreement</b>
<b>Mercy Hospital of Tiffin</b> <b>485 W. Market Street</b> <b>Tiffin, OH 44883</b>	<b>Outpatient Ancillary Services Agreement</b>

In re Ruffing Care, Inc.,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Remedi Senior Care</b> <b>1 Olympic Place</b> <b>Suite 600</b> <b>Towson, MD 21204</b>	<b>Pharmacy Services Agreement</b>
<b>Source Diagnostics LLC</b> <b>5275 Naiman Parkway</b> <b>Suite E</b> <b>Solon, OH 44139</b>	<b>Radiology Services Agreement</b>
<b>Sterling Senior Care Consulting</b> <b>50 Windsor Parkway</b> <b>Oceanside, NY 11572</b>	<b>Nursing Home Consulting Management Agreement</b>
<b>Wescom Solutions Inc.</b> <b>6975 Creditview Road</b> <b>Mississauga, Ontario, Canada</b> <b>L5M 8E9</b>	<b>Software Agreement</b>
<b>Westhven Services Co., LLC</b> <b>dba Omnicare of Northwest Ohio</b> <b>7643 Ponderosa Road</b> <b>Perrysburg, OH 43551</b>	<b>Pharmacy Services Agreement</b>

In re **Ruffing Care, Inc.**

Case No. \_\_\_\_\_

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>The Mary Elizabeth LLC</b> <b>2320 West County Road 6</b> <b>Tiffin, OH 44883</b>	<b>Old Fort Banking Company</b> <b>33 East Market Street</b> <b>Tiffin, OH 44883</b>
<b>The Mary Elizabeth LLC</b> <b>2320 West County Road 6</b> <b>Tiffin, OH 44883</b>	<b>Prosecuting attorney</b> <b>Seneca County</b> <b>71 S. Washignton Stret</b> <b>Suite 1204</b> <b>Tiffin, OH 44883</b>

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Ruffing Care, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **37** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 10, 2015**

Signature **/s/ Diana L. Ruffing**  
**Diana L. Ruffing**  
**President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

# United States Bankruptcy Court Northern District of Ohio

In re **Ruffing Care, Inc.**

Debtor(s)

Case No.

Chapter

**11**

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$1,504,616.00</b>	<b>2013</b>
<b>\$1,481,959.00</b>	<b>2014</b>
<b>\$868,072.00</b>	<b>2015 (YTD) (Est.)</b>

### 2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

**3. Payments to creditors**

None

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>American Electric Power</b> <b>PO Box 24404</b> <b>Canton, OH 44701</b>	<b>Various</b>	<b>\$7,337.00</b>	<b>\$6,397.00</b>
<b>Bank Direct Capital Finance</b> <b>Two Conway Park</b> <b>Suite 190</b> <b>150 North Field Drive</b> <b>Lake Forest, IL 60045</b>	<b>Various</b>	<b>\$10,212.00</b>	<b>\$6,003.00</b>
<b>Seneca Medical</b> <b>85 Shaffer Park Drive</b> <b>Tiffin, OH 44883</b>	<b>Various</b>	<b>\$7,153.00</b>	<b>\$3,433.00</b>

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Westhaven Services Co., LLC v. STJ Healthcare, Inc., et al.</b> <b>15CV0176</b>	<b>Recovery of Money</b>	<b>Seneca County, Ohio Court of Common Pleas</b>	<b>Pending</b>
<b>The Old Fort Banking Company v. Ruffing Care, Inc. et al.</b> <b>15CV0207</b>	<b>Cognovit Judgment</b>	<b>Seneca County, Ohio Court of Common Pleas</b>	<b>Cognovit Judgment</b>

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Scott H. Scharf, Esq. 2000 Auburn Drive, Suite 420 Beachwood, OH 44122</b>	<b>July 2015, August 2015</b>	<b>\$14,000</b>

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Republic Banking Company</b>	<b>Checking Account 0260</b>	<b>July 2015</b>
<b>Old Fort Banking Company</b>	<b>Checking Account 2102</b>	<b>July 2015</b>

**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME
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**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF  
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

**18 . Nature, location and name of business**

None

- ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None

- ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None

- ☒ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
Angie Rousch, CPA	674 Miami Street Suite B Tiffin, OH 44883	2013-2014
Plante & Moran	16060 Collections Ctr. Drive Chicago, IL 60693	2013-2015

None

- ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

## NAME

## ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

## NAME AND ADDRESS

## DATE ISSUED

**Old Fort Banking Company**  
**33 East Market Street**  
**Tiffin, OH 44883**

**2013, 2014**

**Republic Banking Company**  
**202 Washington Street**  
**Republic, OH 44867**

**2013, 2014**

**Croghan Colonial Bank**  
**48 E. Market Street**  
**Tiffin, OH 44883**

**2015**

**Amerivest**  
**115 LaSalle Street**  
**Chicago, IL 60603**

**2015**

**20. Inventories**

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

## DATE OF INVENTORY

## INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

## DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS**21 . Current Partners, Officers, Directors and Shareholders**

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

## NAME AND ADDRESS

## NATURE OF INTEREST

## PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

## NAME AND ADDRESS

## TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**Diana L. Ruffing**

**President**

**50%**

**Dennis P. Ruffing**

**Secretary**

**50%**

**22 . Former partners, officers, directors and shareholders**

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

## NAME

## ADDRESS

## DATE OF WITHDRAWAL

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

**23 . Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS  
OF RECIPIENT,  
RELATIONSHIP TO DEBTORDATE AND PURPOSE  
OF WITHDRAWALAMOUNT OF MONEY  
OR DESCRIPTION AND  
VALUE OF PROPERTY**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

**25. Pension Funds.**

- None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date September 10, 2015Signature /s/ Diana L. Ruffing  
**Diana L. Ruffing**  
**President**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Ruffing Care, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |                         |
|---|----|-------------------------|
| For legal services, I have agreed to accept .....           | \$ | <u><b>14,000.00</b></u> |
| Prior to the filing of this statement I have received ..... | \$ | <u><b>12,200.00</b></u> |
| Balance Due .....   | \$ | <u><b>1,800.00</b></u>  |
2. The source of the compensation paid to me was:
- ☒ Debtor      ☐ Other (specify):
3. The source of compensation to be paid to me is:
- ☒ Debtor      ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 10, 2015**

**/s/ Scott H. Scharf, Esq.**

**Scott H. Scharf, Esq. 0046693**  
**Scott H. Scharf Co., LPA**  
**2000 Auburn Drive, Suite 420**  
**Beachwood, OH 44122**  
**(216) 514-2225 Fax: (216) 514-3142**  
**scharf@scharflegal.com**

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Ruffing Care, Inc.**,  
Debtor

Case No. \_\_\_\_\_

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Dennis P. Ruffing</b>	<b>Common</b>	<b>50%</b>	
<b>Diana L. Ruffing</b>	<b>Common</b>	<b>50%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **September 10, 2015**

Signature **/s/ Diana L. Ruffing**  
**Diana L. Ruffing**  
**President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Ruffing Care, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 10, 2015**

**/s/ Diana L. Ruffing**

**Diana L. Ruffing/President**

Signer/Title

Accu-Medical Waste Services, Inc.□  
P.O. Box 797  
Marietta, OH 45750

Advacare□□  
2939 N. Pulaski Road  
Chicago, IL 60641

Advertiser-Tribune□□  
320 N. Hopewell TR 91  
Tiffin, OH 44883

AETNA  
P.O. Box 981107  
El Paso, TX 79998

Alloway□□  
1776 Marion-Waldo Road  
Marion, OH 44301

Alzheimer's Assoc.  
2131 Park Avenue West  
Mansfield, OH 44906

American Electric Power  
PO Box 24404  
Canton, OH 44701

Amerigas  
P.O. Box 371473  
Pittsburgh, PA 15250

Andrew Gase MD  
27 St Lawrence Dr # 101  
Tiffin, OH 44883

Ann Huth-Fretz  
2435 S. State Rte. 231  
Tiffin, OH 44883

Anthem  
P.O. Box 182361  
Columbus, OH 43218



AOPHA  
2233 North Bank Drive  
Columbus, OH 43220

Attica Fair  
100 Fairgrounds Road  
Attica, OH 44807

Attorney General of the U.S.  
US Department of Justice Tax Div.  
Civil Trial Section, N. Region  
P.O. Box 55, Ben Franklin Station  
Washington, DC 20044

B&K Home Medical  
27 Lawrence Street  
Tiffin, OH 44883

Bank Direct Capital Finance  
Two Conway Park  
Suite 190  
150 North Field Drive  
Lake Forest, IL 60045

BAS Broadcasting  
1281 North River Road  
Fremont, OH 43420

Brad Borer, LLC  
1238 E. SR 18  
Tiffin, OH 44883

Brohl & Appell  
140 Lane Street  
Sandusky, OH 44870

Brookside Ambulance  
640 Phillips Avenue  
Toledo, OH 43612

Brown Supply  
P.O. Box 1233  
Lima, OH 45802

Buckeye Exterminating  
24018 St. Rt. 224  
Findlay, OH 45839

Buckeye IT Services  
640 E. Spayth Street  
Tiffin, OH 44883

Bureau of Workers' Compensation  
30 W. Spring Street  
Columbus, OH 43215

Butzier Electric□□  
1825 CR 31  
Fremont, OH 43420

C. Sears, MD  
81 Ashwood Road  
Tiffin, OH 44883

CAP Publishing  
123 East First Street  
Jordan, MN 55352

Capital One  
P.O. Box 10015  
Williamsville, NY 14221

Cascades Urology  
1651 N. Lake Road  
Findlay, OH 44840

City of Columbus  
Income Tax Division  
77 North Front Street  
2nd Floor  
Columbus, OH 43215

CLIA Laboratory  
P.O. Box 530882  
Atlanta, GA 30353

CPRS  
3500 5th Street  
Northport, AL 35476

Crest Healthcare  
195 S. Third Street  
P.O. Box 727  
Dassel, MN 55325

Critical Care Transport  
2936 E. 14th Avenue  
Columbus, OH 43219

D. Wagner Estate  
670 E. State Rte. 18  
Tiffin, OH 44883

Diane Wagner Estate  
c/o Gerald Wagner  
960 E. TR 1172  
Tiffin, OH 44883

Direct Promotions  
29395 Agoura Road  
Suite 207  
Agoura Hills, CA 91301

Direct Supply  
P.O. Box 88201  
Milwaukee, WI 53288

Direct TV  
P.O. Box 60036  
Los Angeles, CA 90060

Dr. Fayz  
5245 Schaefer Road  
Dearborn, MI 48126

Dr. Felton  
27 St. Lawrence Drive  
Suite 105  
Tiffin, OH 44883

Droll Refrigeration  
444 W. Tiffin Street  
Fostoria, OH 44830

Dynasplint  
801 E. Washington Street  
Suite 210  
Medina, OH 44256

ECS Billing & Consulting  
P.O. Box 402  
Tiffin, OH 44883

Elchert's  
120 Main Street  
Tiffin, OH 44883

Fabrehab Services  
676 Miami Street  
Suite A  
Tiffin, OH 44883

Fabrizio Chiropractic  
676 Miami Street  
Suite A  
Tiffin, OH 44883

Firelands RMC  
P.O. Box 712374  
Cincinnati, OH 45271

Fort Ball Emergency Physicians  
45 St. Lawrence Drive  
Tiffin, OH 44883

Fostoria Comm Hosp.  
501 Van Buren Street  
Fostoria, OH 44830

Fremont Health/Wellness Ctr.  
1466 Oak Harbor Road  
Fremont, OH 43420

Frost Brown Todd LLC  
10 West Broad Street  
Suite 2300  
Columbus, OH 43215

Fruth & Company  
479 W. Perry Street  
Tiffin, OH 44883

Gase Enterprises  
146 N. Washington Street  
Tiffin, OH 44883

Generator Systems  
1460 Industrial Parkway  
Akron, OH 44310

Harbor Linen☐☐  
P.O. Box 3510  
Cherry Hill, NJ 08034

Hartman Publishing  
8529 Indian School Road NE  
Albuquerque, NM 87112

Hatfield Nutrition Consulting  
2325 Benton Carroll Road  
Oak Harbor, OH 43449

Hempy Water of Tiffin LLC  
227 S. Washington St.  
Tiffin, OH 44883

Hoover Septic  
1520 N TR 111  
Tiffin, OH 44883

Humana  
P.O. Box 931655  
Atlanta, GA 31193

ICP  
1815 W. CR 54  
Tiffin, OH 44883

Integrity Ambulance Services, LLC  
100 Intergiry Place  
Greenville, OH 45331

Internal Revenue Service  
Insolvency Group #6  
1240 East 9th Street  
Room 493  
Cleveland, OH 44199

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101

Jet, Inc.  
750 Alpha Drive  
Cleveland, OH 44143

K. Swalley Estate  
1395 SR 103  
Sycamore, OH 44882

Karl's Hauling  
1590 S. State Rt. 53  
Tiffin, OH 44883

KCI  
P.O. Box 203086  
Houston, TX 77216

L. Emerson  
LTC Consultant  
3356 TR 71  
Somerset, OH 43783

Lifestar Ambulance  
732 Main Street  
Toledo, OH 43608

Liturgical Publications  
4560 East 71st Street  
Cleveland, OH 44105

LTC Consumer Guide  
50 West Broad Street  
9th Floor  
Columbus, OH 43215

LTC Ombudsman Program  
50 West Broad Street  
9th Floor  
Columbus, OH 43215

McKesson  
P.O. Box 630693  
Cincinnati, OH 45263

MCPC  
3911 Venice Road  
Sandusky, OH 44870

Med Corp.  
P.O. Box 76612  
Cleveland, OH 44101

Med-Pass  
P.O. Box 1166  
Dayton, OH 45401

Mercy Health Phys.  
P.O. Box 636388  
Cincinnati, OH 45263

Mercy Hospital of Tiffin  
485 W. Market Street  
Tiffin, OH 44883

Mercy Labs  
P.O. Box 636535  
Cincinnati, OH 45263

Mercy Med Partners  
P.O. Box 630827  
Cincinnati, OH 45263

Mercy St. V's  
P.O. Box 740819  
Cincinnati, OH 45274

Mercy Willard Hospital□□  
1100 Neal Zick Road  
Tiffin, OH 44883

Mobilex  
6185 Huntley Road  
Suite Q  
Columbus, OH 43229

MPE Billing  
P.O. Box 630827  
Cincinnati, OH 45263

NWO Orthopedics  
7595 CR 236  
Findlay, OH 45840

OCC Med N.W.O  
3101 US 224  
Tiffin, OH 44883

OE Meyer  
P.O. Box 479  
Sandusky, OH 44870

Office of State, LTC Unit  
50 W. Broad Street  
9th Floor  
Columbus, OH 43215

Office of the United States Atty.  
Attn. Bankruptcy Section  
Carl B. Stokes US Courthouse  
801 West Superior Ave., Ste. 400  
Cleveland, OH 44113

Ohio Bureau of Workers Comp.  
Attn: Law Section Bankruptcy Unit  
P.O. Box 15567  
Columbus, OH 43215

Ohio Department of Job & Family Svc  
145 South Front Street  
P.O. Box 923  
Columbus, OH 43216



Ohio Dept. of Job & Family Services  
Office of Legal Services  
30 East Broad Street  
31st Floor  
Columbus, OH 43215

Ohio Orthopedics  
1501 Bright Road  
Findlay, OH 45840

Old Fort Banking Company  
33 East Market Street  
Tiffin, OH 44883

Omni Management  
P.O. Box 8749  
Toledo, OH 43623

Paetec  
P.O. Box 9001111  
Louisville, KY 40290

Pathology Laboratories  
1946 N. 13th Street  
Suite 301  
Toledo, OH 43604

Patterson Medical  
28100 torch Parkway  
Suite 700  
Warrenville, IL 60555

PCC Wescom  
Lockbox #8842  
P.O. Box 8500  
Philadelphia, PA 19178

Personnel Concepts  
Compliance Service Department  
P.O. Box 3353  
San Dimas, CA 91773

Picture Perfect  
42 Ashwood Drive  
Tiffin, OH 44883

Pittsburg Tank  
P.O. Box 1849  
Henderson, KY 42419

Plante & Moran  
16060 Collections Ctr. Drive  
Chicago, IL 60693

Prosecuting attorney  
Seneca County  
71 S. Washignton Stret  
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Tiffin, OH 44883

Remedi Senior Care  
1 Olympic Place  
Suite 600  
Towson, MD 21204

Republic Banking Company  
202 Washington Street  
Republic, OH 44867

Rolf Goffman  
30100 Chagrin Blvd.  
Cleveland, OH 44124

SCAT  
3140 S. SR 100  
Tiffin, OH 44883

Seneca County EMS  
71 South Washington Street  
Tiffin, OH 44883

Seneca Medical  
85 Shaffer Park Drive  
Tiffin, OH 44883

Shared Services  
4605 Duke Drive  
Mason, OH 45240

Sheakley Uniservice  
1386 Solutions Center  
Chicago, IL 60677

Simplex Grinnell  
Dept. CH 10320  
Palatine, IL 60055

Source Diagnostics LLC  
5275 Naiman Parkway  
Suite E  
Solon, OH 44139

State of Ohio  
Department of Medicaid  
50 West Town Street  
Columbus, OH 43215

State of Ohio  
Department of Taxation  
P.O. Box 530  
Columbus, OH 43266

Stericycle  
P.O. Box 9001588  
Louisville, KY 40290

Sterling Senior Care Consulting  
50 Windsor Parkway  
Oceanside, NY 11572

Swartzmiller Plumbing and Heating  
12321 E. US 224  
Attica, OH 44807

Telewire  
45 W CR 6  
Tiffin, OH 44883

The Mary Elizabeth LLC  
2320 West County Road 6  
Tiffin, OH 44883

Theis Septic  
2729 E. US Hwy 224  
Tiffin, OH 44883

Toledo Cardiology  
2409 Cherry Street  
#100  
Toledo, OH 43608

United Insurance  
P.O. Box 708  
Tiffin, OH 44883

UTMC  
3000 Arlington Avenue  
Toledo, OH 43614

Wescom Solutions Inc.  
6975 Creditview Road  
Mississauga, Ontario, Canada  
L5M 8E9

Westhven Services Co., LLC  
dba Omnicare of Northwest Ohio  
7643 Ponderosa Road  
Perrysburg, OH 43551

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Ruffing Care, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Ruffing Care, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

**September 10, 2015**

Date

**/s/ Scott H. Scharf, Esq.**

**Scott H. Scharf, Esq. 0046693**

Signature of Attorney or Litigant  
Counsel for **Ruffing Care, Inc.**

**Scott H. Scharf Co., LPA**

**2000 Auburn Drive, Suite 420**

**Beachwood, OH 44122**

**(216) 514-2225 Fax:(216) 514-3142**

**scharf@scharflegal.com**